

FY2006 STATE OF COLORADO COBRA DISABLED MONTHLY RATES

	Emp Only	Empl + Spouse	Empl + Child(ren)	Empl + Sp + Child(ren)
MEDICAL PLANS				
GREAT WEST INO-30				
CONTRACT RATE	\$386.40	\$813.20	\$735.60	\$1,123.58
50% ADMIN FEE	\$193.20	\$406.60	\$367.80	\$561.79
BENEFITS ADMIN FEE	\$2.60	\$2.60	\$2.60	\$2.60
TOTAL	\$582.20	\$1,222.40	\$1,106.00	\$1,687.97
GREAT WEST PPO-H				
CONTRACT RATE	\$246.90	\$520.24	\$470.54	\$719.04
50% ADMIN FEE	\$123.45	\$260.12	\$235.27	\$359.52
BENEFITS ADMIN FEE	\$2.60	\$2.60	\$2.60	\$2.60
TOTAL	\$372.95	\$782.96	\$708.41	\$1,081.16
GREAT WEST INO-40				
CONTRACT RATE	\$369.06	\$779.72	\$705.06	\$1,078.36
50% ADMIN FEE	\$184.53	\$389.86	\$352.53	\$539.18
BENEFITS ADMIN FEE	\$2.60	\$2.60	\$2.60	\$2.60
TOTAL	\$556.19	\$1,172.18	\$1,060.19	\$1,620.14
KAISER HMO				
CONTRACT RATE	\$293.00	\$614.00	\$556.00	\$847.98
50% ADMIN FEE	\$146.50	\$307.00	\$278.00	\$423.99
BENEFITS ADMIN FEE	\$2.60	\$2.60	\$2.60	\$2.60
TOTAL	\$442.10	\$923.60	\$836.60	\$1,274.57
GREAT WEST PPO-1500				
CONTRACT RATE	\$237.14	\$499.78	\$452.02	\$690.76
50% ADMIN FEE	\$118.57	\$249.89	\$226.01	\$345.38
BENEFITS ADMIN FEE	\$2.60	\$2.60	\$2.60	\$2.60
TOTAL	\$358.31	\$752.27	\$680.63	\$1,038.74
GREAT WEST PPO-3500				
CONTRACT RATE	\$202.14	\$426.28	\$385.52	\$589.26
50% ADMIN FEE	\$101.07	\$213.14	\$192.76	\$294.63
BENEFITS ADMIN FEE	\$2.60	\$2.60	\$2.60	\$2.60
TOTAL	\$305.81	\$642.02	\$580.88	\$886.49
SLV HMO				
CONTRACT RATE	\$299.94	\$628.76	\$568.96	\$867.88
50% ADMIN FEE	\$149.97	\$314.38	\$284.48	\$433.94
BENEFITS ADMIN FEE	\$2.60	\$2.60	\$2.60	\$2.60
TOTAL	\$452.51	\$945.74	\$856.04	\$1,304.42
DENTAL PLANS				
DELTA DENTAL - BASIC PLAN				
PREMIUM	\$19.62	\$41.44	\$43.42	73.18
50% ADMIN FEE	\$9.81	\$20.72	\$21.71	\$36.59
BENEFITS ADMIN FEE	\$0.20	\$0.20	\$0.20	\$0.20
TOTAL	\$29.63	\$62.36	\$65.33	\$109.97
DELTA DENTAL - BASIC PLUS PLAN				
PREMIUM	\$29.84	\$65.88	\$65.88	116.94
50% ADMIN FEE	\$14.92	\$32.94	\$32.94	\$58.47
BENEFITS ADMIN FEE	\$0.20	\$0.20	\$0.20	\$0.20
TOTAL	\$44.96	\$99.02	\$99.02	\$175.61
DENTAL DIRECT REIMBURSEMENT				
PREMIUM	\$26.56	\$56.02	\$56.02	\$101.52
50% ADMIN FEE	\$13.28	\$28.01	\$28.01	\$50.76
BENEFITS ADMIN FEE	\$0.20	\$0.20	\$0.20	\$0.20
TOTAL	\$40.04	\$84.23	\$84.23	\$152.48